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TRANSMITTAL FORM

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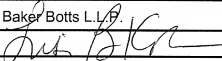
Application Number	09/933,115
Filing Date	08/20/2001
First Named Inventor	Fisher
Art Unit	1635
Examiner Name	Jon E. Angell
Attorney Docket Number	

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Remarks | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify
below): |
|--|--|---|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Lisa B. Kole		
Date	01/18/2008	Reg. No.	35,225

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number	09/933,115
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Art Unit	1635
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377

Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text" value=""/>	x 25 =	\$0
Independent Claims	<input type="text" value=""/>	x 105 =	\$0
Multiple Dependent	<input type="text" value=""/>	=	\$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	50	25
Independent claims in excess of 3	210	105
Multiple dependent claim, if not paid	370	185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	<input type="text" value=""/>
<input type="checkbox"/> Non-English Specification	<input type="text" value=""/>
<input type="checkbox"/> Extension for reply within first month	<input type="text" value=""/>
<input type="checkbox"/> Extension for reply within second month	<input type="text" value=""/>
<input type="checkbox"/> Extension for reply within third month	<input type="text" value=""/>
<input type="checkbox"/> Extension for reply within fourth month	<input type="text" value=""/>
<input type="checkbox"/> Extension for reply within fifth month	<input type="text" value=""/>
<input type="checkbox"/> Notice of Appeal	<input type="text" value=""/>
<input type="checkbox"/> Filing a brief in support of an appeal	<input type="text" value=""/>
<input type="checkbox"/> Petition to revive - unavoidable	<input type="text" value=""/>
<input type="checkbox"/> Petition to revive - unintentional	<input type="text" value=""/>
<input type="checkbox"/> Utility Issue Fee	<input type="text" value=""/>
<input type="checkbox"/> Design Issue Fee	<input type="text" value=""/>
<input type="checkbox"/> Publication Fee	<input type="text" value=""/>
<input type="checkbox"/> Petitions to the Commissioner	<input type="text" value=""/>
<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="text" value=""/>
<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	\$180
Other fee -	<input type="text" value=""/>

SUBTOTAL (\$) 180

SUBMITTED BY

Name (Print/Type) Lisa E. Kole

Signature

Registration No. (Attorney/Agent)

35,225

(Complete if applicable)

Telephone 212-408-2500

Date 01/18/2008

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